



<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003, Patent fees are subject to annual revision.</i></p>				Complete if Known																																																
				Application Number		10/627,355-Conf. #2328																																														
				Filing Date		July 24, 2003																																														
				First Named Inventor		Rodolfo R. Llinas																																														
				Examiner Name		Not Yet Assigned																																														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Art Unit		N/A																																														
TOTAL AMOUNT OF PAYMENT		(\$)		588.00		Attorney Docket No.		05986/100K520-US1																																												
METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)																																														
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None						3. ADDITIONAL FEES																																														
<input type="checkbox"/> Deposit Account:																																																				
Deposit Account Number 04-0100																																																				
Deposit Account Name Darby & Darby P.C.																																																				
The Director is authorized to: (check all that apply)																																																				
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																																				
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																																				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																				
FEE CALCULATION																																																				
1. BASIC FILING FEE																																																				
<table border="1" style="width:100%"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>385.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align:right">SUBTOTAL (1)</td><td>(\$)</td><td>385.00</td></tr></tbody></table>						Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee	385.00	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$)	385.00
Large Entity		Small Entity		Fee Description	Fee Paid																																															
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																	
1001	770	2001	385	Utility filing fee	385.00																																															
1002	340	2002	170	Design filing fee																																																
1003	530	2003	265	Plant filing fee																																																
1004	770	2004	385	Reissue filing fee																																																
1005	160	2005	80	Provisional filing fee																																																
SUBTOTAL (1)					(\$)	385.00																																														
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																				
<table border="1" style="width:100%"><thead><tr><th colspan="2"></th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>11</td><td>-20** =</td><td></td><td>0.00</td></tr><tr><td>Independent Claims</td><td>4</td><td>-3** =</td><td>1</td><td>43.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table>								Extra Claims	Fee from below	Fee Paid	Total Claims	11	-20** =		0.00	Independent Claims	4	-3** =	1	43.00	Multiple Dependent																															
		Extra Claims	Fee from below	Fee Paid																																																
Total Claims	11	-20** =		0.00																																																
Independent Claims	4	-3** =	1	43.00																																																
Multiple Dependent																																																				
<table border="1" style="width:100%"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5" style="text-align:right">SUBTOTAL (2)</td><td>(\$)</td><td>43.00</td></tr></tbody></table>						Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)					(\$)	43.00						
Large Entity		Small Entity		Fee Description																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																	
1202	18	2202	9	Claims in excess of 20																																																
1201	86	2201	43	Independent claims in excess of 3																																																
1203	290	2203	145	Multiple dependent claim, if not paid																																																
1204	86	2204	43	** Reissue independent claims over original patent																																																
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																
SUBTOTAL (2)					(\$)	43.00																																														
Other fee (specify)																																																				
*Reduced by Basic Filing Fee Paid																																																				
SUBTOTAL (3) (\$)						160.00																																														
**or number previously paid, if greater; For Reissues, see above																																																				
SUBMITTED BY																																																				
(Complete if applicable)																																																				
Name (Print/Type)		Chris Kolefas		Registration No. (Attorney/Agent)	35,226	Telephone	(212) 527-7700																																													
Signature				Date	December 4, 2003																																															



01

Application No. (if known): 10/627,355

Attorney Docket No.: 05986/100K520-US1

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EC 983951522-US

on December 4, 2003
Date

B.W. Lee

Signature

B.W. LEE

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Response to Notice to File Missing Parts of Application (2 pages);
A copy of Notice to File Missing Parts;
Fee Transmittal (1 page);
Petition for Extension of Time (1 page);
Combined Declaration and Power of Attorney (4 pages);
Submission of Replacement Drawings (Figs. 1-33C, 29 pages);
Assignment (and Recordation Form Cover Sheet) (3 pages); and
Check No. 3469 in the amount of \$588.00.

Express Mail Label No.

Dated: _____

Docket No.: 05986/100K520-US1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rodolfo R. Llinas, et al.

Application No.: 10/627,355

Confirmation Number: 2328

Filed: July 24, 2003

Art Unit: N/A

For: NEURO-MIMETIC CONTROL SYSTEM AND
METHODS

Examiner: Not Yet Assigned

SUBMISSION OF REPLACEMENT DRAWINGS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is one set (twenty-nine sheets, thirty-three figures) of replacement drawings for filing in the above-identified patent application.

The replacement drawings incorporate the changes required in the Notice to File Missing Parts dated September 5, 2003.

Please replace the drawings previously filed in this application.

Dated: December 4, 2003

Respectfully submitted,

By 

Chris Kolefas

Registration No.: 35,226

DARBY & DARBY P.C.

P.O. Box 5257

New York, New York 10150-5257

(212) 527-7700

(212) 753-6237 (Fax)

Attorneys/Agents For Applicant